



P.O. BOX 4283, GRAND JUNCTION, CO 81502-4283

**BUSINESS RENEWAL APPLICATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Owner name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Please provide a Business Card for publication in our newsletter.**

**WESTERN SLOPE ATV ASSOCIATION CLUB DUES ARE \$50.00 PER BUSINESS.  
DUES ARE PAYABLE EACH YEAR ON THE MONTH WHEN MEMBER JOINS.**

**Please make checks payable to:**

**Western Slope ATV Association  
P.O. Box 4283  
Grand Junction, CO 81502-4283**

**READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE THE WESTERN SLOPE ATV ASSOCIATION FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN THE BELOW-NAMED ACTIVITY AND WAIVES ALL CLAIMS FOR DAMAGE OR LOSSES AGAINST THE WESTERN SLOPE ATV ASSOCIATION.**

**RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK AND WAIVER**

In consideration of my being permitted by Western Slope ATV Association to participate in, all activities, rides, or outings in association with Western Slope ATV Association at various locations in the United States of America during my membership in this association, I \_\_\_\_\_, the undersigned member of Western Slope ATV Association, exercising my own free choice to participate voluntarily in the above-named activities, and promising to take due care during such participation, hereby release and discharge, indemnity and hold harmless the board members of the Western Slope ATV Association and their members, officers, agents, employees and any other persons or entities, (all of such persons and entities are identified below as "Released Parties") against all claims, demands, causes of action whatsoever either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my participation in and/or presence at the above-listed activities.

I acknowledge that I have been informed of major hazards and risks which may include sprains, strains, dislocations, amputations, cuts, bruises, breaks, teeth (loosened/broken/knocked out), head injuries, paralysis, death, travel and other risks normally associated with my participation in the above-named activities: I understand, accept, and assume those hazards and risks and waive all claims against the board members and Western Slope ATV Association, several limitations and exclusions exist with respect to liability of the Released Parties. Therefore, I have determined whether I have adequate separate personal insurance to cover all harm that I may suffer due to participation in this activity and I have obtained all insurance protection that I want.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound to them. After careful deliberation, I voluntarily give my consent and agree to this Release, Assumption of Risk, and Waiver.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_